



New Jersey Department of Environmental Protection  
Site Remediation and Waste Management Program

REMEDIAL ACTION PERMIT INITIAL APPLICATION –  
GROUND WATER

Date Stamp  
(For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: AOC-19: QC Lab/AOC-90 Drum Storage, Hess Corporation - Former Port Reading Complex (HC-PR)

List All AKAs:

Street Address: 835 West Avenue

Municipality: Port Reading (Township, Borough, or City)

County: Middlesex Zip Code: 07064

Program Interest (PI) Number(s): 006148

Case Tracking Number(s): E20130449

Municipal Block(s) and Lot(s) of the site/property: Block 664.01, Lot 1.01

Is this site a Federal case? ☒ Yes ☐ No

If "Yes", indicate the Federal Case Type:

☒ RCRA GPRA 2020 ☐ CERCLA/NPL ☐ USDOD ☐ USDOE

☐ Other (explain):

SECTION B. INITIAL GROUND WATER REMEDIAL ACTION PERMIT APPLICATION

1. Reason for Initial Ground Water Remedial Action Permit (RAP) Application: (check one)

☒ To support a Response Action Outcome (RAO)

☐ To support a Post-No Further Action (NFA)

**Note:** This permit application will not be processed until all past RAP annual fees  
and the Remedial Action Protectiveness/Biennial-Certification fee have been paid in full.

☐ Subdivision of an existing Ground Water RAP

Has the Ground Water RAP Modification or Termination Application also been submitted  
for the original parcel(s)? ☐ Yes ☐ No

If "No", please explain why in Section K below.

☐ Other (provide reason - see instructions):

2. The appropriate Initial Ground Water RAP Application fee must be enclosed with this application.

Effective on or Before  
June 30, 2021

Effective  
July 1, 2021

Ground Water Natural Attenuation RAP Fee – Initial .....\$990.00 .....\$990.00

Ground Water Active System RAP Fee – Initial .....\$550.00 .....\$990.00

**SECTION C. FEE BILLING CONTACT PERSON**Business Name: Hess CorporationFirst Name of Contact: JohnLast Name of Contact: SchenkewitzTitle: Senior Advisor, EHSPhone Number: (609) 406-3969

Ext.: \_\_\_\_\_

Fax: (732) 352-7795Mailing Address: Trenton-Mercer Airport 601 Jack Stephan WayMunicipality: West TrentonState: New JerseyZip Code: 08628Email Address: jschenkewitz@hess.com**SECTION D. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION – CO-PERMITTEE**☐ Addendum for additional Person Responsible for Conducting the Remediation has been completed.Affiliation/Name of Organization: Hess CorporationFirst Name of Contact: JohnLast Name of Contact: SchenkewitzTitle: Senior Advisor, EHSPhone Number: (609) 406-3969

Ext.: \_\_\_\_\_

Fax: (732) 352-7795Mailing Address: Trenton-Mercer Airport 601 Jack Stephan WayMunicipality: West TrentonState: New JerseyZip Code: 08628Email Address: jschenkewitz@hess.com☒ Check if the Person Responsible for Conducting the Remediation has Primary Responsibility for Permit Compliance**SECTION E. CURRENT OWNER OF THE SITE – CO-PERMITTEE**☐ Addendum for additional Owner of the Site has been completed.Affiliation/Name of Organization: Amerada Hess CorpFirst Name of Contact: JohnLast Name of Contact: SchenkewitzTitle: Senior Advisor, EHSPhone Number: (609) 406-3969

Ext.: \_\_\_\_\_

Fax: (732) 352-7795Mailing Address: 1900 Dalrock RoadMunicipality: RowlettState: TexasZip Code: 75088Email Address: jschenkewitz@hess.com☐ Check if the owner has Primary Responsibility for Permit Compliance**SECTION F. ATTACHED DOCUMENTS**

Attach the following documents:

**Note:** All electronic copies should be provided in Adobe PDF file format on a compact disc (CD) except the Ground Water Monitoring Plan which should be provided in MS Excel file format on a CD.☒ Hard copy **and** electronic copy of the completed Initial Ground Water RAP Application using the current form on the NJDEP Website.☒ Remedial Action Report (RAR) submitted through the online portal unless this application is related to a Post-NFA Case. For Post-NFA Cases, submit an electronic copy of the RAR and any other pertinent reports/letters (e.g., Remedial Action Workplan (RAW) Approval Letters).Provide the Licensed Site Document (LSD) Activity Number for the RAR online submission: NA - See Below\*

\*Site is under traditional oversight and documents aren't submitted via the portal. A copy of the RIR/RAR has been included with this submittal.

- ☒ Electronic copy of a map or the location in the RAR (*Section #s/Figure #s*) of the map(s) showing area of concern/source and showing and/or explaining horizontal and vertical delineation of the ground water contamination.  
Location in the RAR (*Section #s/Figure #s*): See July 31, 2019 RIR/RAR & Attachment D of CEA Fact Sheet
- ☒ Electronic copy of ground water contour maps for at least the last four ground water sampling events or the location in the RAR with these maps.  
Location in the RAR (*Figure #s*): Figures 4.1, 4.2, 4.3, and 4.4, July 31, 2019 RIR/RAR
- ☒ Electronic copy of a table summarizing the monitoring well construction details (below ground surface (bgs)) for all the monitoring wells at the site or the location in the RAR with this table.  
Location in the RAR (*Table #*): Monitoring Well Construction Table has been included with this submittal
- ☒ Electronic copy of the Classification Exception Area/Well Restriction Area (CEA/WRA) Fact Sheet Form.
- ☒ Electronic copy of the Ground Water Monitoring Plan (in MS Excel file format).
- ☐ Electronic copy of the NFA Letter (*Post-NFA Cases only*), if applicable.
- ☐ Electronic copy of the Vapor Intrusion Long-Term Monitoring Plan, if applicable.
- ☐ Electronic copy of the Operation, Maintenance, and Monitoring (OMM) Plan for the vapor intrusion engineering control(s)/mitigation system(s) that are currently in place, if applicable.
- ☐ Electronic copy of the OMM Plan for the Point of Entry Treatment (POET) water system(s) that are currently in place, if applicable.
- ☒ Electronic copy of the completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate, if applicable, including:  
Only Check One:
- ☐ **Original** Financial Assurance mechanism (*hard copy*), including any Amendments, is attached.
- ☐ Date the original Financial Assurance mechanism was submitted to the NJDEP:
- ☒ An electronic copy of the Remediation Funding Source (RFS) mechanism, is included if using an existing RFS mechanism as the Financial Assurance, and an amendment to conform to the Financial Assurance format.
- ☐ Electronic copy of the homeowner or condominium association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site, if applicable.

## SECTION G. MONITORING, MAINTENANCE AND EVALUATION INFORMATION

1. Has the ground water contamination been horizontally delineated in all directions at the site? ..... ☐ Yes ☒ No  
If "**No**", provide the location in the RAR (*Section #*)  
that supports the variance from N.J.A.C. 7.26E-4.3(a)4: See response in Section K of this RAP & Exhibit D of CEA Fact Sheet
2. Has the ground water contamination been vertically delineated at the site? ..... ☐ Yes ☒ No  
If "**No**", provide the location in the RAR (*Section #*)  
that supports the variance from N.J.A.C. 7.26E-4.3(a)4: See response in Section K of this RAP & Exhibit D of CEA Fact Sheet
3. Type of Ground Water Remediation
- a. ☒ **Monitored Natural Attenuation (MNA)**
- i) Is there a decreasing trend of contaminant concentrations in the ground water? ..... ☐ Yes ☒ No  
If "**Yes**", provide the location in the RAR (*Section #*)  
that documents this issue.: .....  
If "**No**", provide the location in the RAR (*Section #*) that justifies the  
protectiveness of the remedy. .... Section 7.0 & Exhibit D
- ii) Is the **behavior** of the ground water contaminant plume considered to be  
shrinking or stable? ..... ☒ Yes ☐ No  
If "**Yes**", check off only one of the following: ☐ Shrinking ☒ Stable  
and provide the location in the RAR (*Section #*)  
that documents this issue.: ..... Section 7.0 & Exhibit D

If "No", provide the location in the RAR (Section #)

that justifies the protectiveness of the remedy: .....

iii) Have secondary lines of evidence been collected to support the MNA proposal? ..... ☐ Yes ☒ No

If "Yes", provide the location in the RAR (Section #)

that documents this issue.: ..... Section 7.0 & Exhibit D

iv) Have tertiary lines of evidence been collected to support the MNA proposal? ..... ☐ Yes ☒ No

If "Yes", provide the location in the RAR (Section #)

that documents this issue.: .....

v) Is the ground water plume reaching the sentinel wells? ..... ☐ Yes ☐ No

If "Yes", provide the location in the RAR (Section #) that justifies the protectiveness of the remedy since the sentinel well(s) should be below the Ground Water Quality Standards (GWQS) or if you are using an alternate method that is not a sentinel monitoring well:.....

vi) Has all soil contamination in the unsaturated zone been remediated to the applicable numeric Soil Remediation Standard for all area(s) of concern associated with this CEA? ..... ☒ Yes ☐ No ☐ N/A

If "No", provide the location in the RAR (Section #)

that justifies the protectiveness of the remedy: .....

vii) Has all free and/or residual product in the unsaturated and saturated zones, as determined pursuant to N.J.A.C. 7:26E-5.1(e), been treated or removed for all area(s) of concern associated with this CEA? ..... ☐ Yes ☐ No ☐ N/A

If "No", provide the location in the RAR (Section #)

that justifies the protectiveness of the remedy: .....

b. ☐ **Active Remediation**

Provide the type of remediation: .....

i) Is there a decreasing trend of contaminant concentrations in the ground water? ..... ☐ Yes ☐ No

If "Yes", provide the location in the RAR (Section #)

that documents this issue.: .....

If "No", is the ground water plume considered stable? ..... ☐ Yes ☐ No

Provide the location in the RAR (Section #)

that justifies the protectiveness of the remedy: .....

ii) Is the ground water plume reaching the sentinel wells? ..... ☐ Yes ☐ No

If "Yes", provide the location in the RAR (Section #) that justifies the protectiveness of the remedy since the sentinel well(s) should be below the GWQS or if you are using an alternate method that is not a sentinel monitoring well:.....

iii) Is the ground water remedial action performing as designed? ..... ☐ Yes ☐ No

If "No", provide the location in the RAR (Section #)

that justifies the protectiveness of the remedy: .....

iv) Indicate the expected duration of the active remediation: ..... (years)

4. Has a Technical Impracticability (TI) Determination been submitted? ..... ☐ Yes ☒ No

If "Yes", provide the location in the RAR (Section #)

that documents this issue.: .....

5. Has any ground water contamination migrated onto the site/property from an off-site source and that is not being included in the Ground Water RAP? ..... ☐ Yes ☒ No

If "Yes", provide the communication center number

that was received when called into the Hotline and the location in the

RAR (Section #) that documents this issue:.....

6. Is any ground water contamination being attributed to natural background conditions and that is not being included in the Ground Water RAP? ..... ☐ Yes ☒ No

If "Yes", provide the location in the RAP (Section #)

that documents this issue: ..... Section K & Exhibit D

7. Check the **Monitoring Schedule** you plan to apply:

- ☐ Monthly ☒ Annual  
☐ Quarterly ☐ Biennial  
☐ Semi Annual ☐ Other: .....

## SECTION H. FINANCIAL ASSURANCE

1. Does the remedial action include a ground water or vapor intrusion engineering control? ..... ☐ Yes ☒ No

If "No", proceed to the next section.

2. Are any of the entities identified in Section D or E exempt from establishing Financial Assurance pursuant to N.J.A.C. 7:26C-7.10(c)? ..... ☐ Yes ☒ No

If "Yes", check the exemption(s) that applies.

Person Responsible  
for Conducting the  
Remediation –  
Co-Permittee

Current  
Owner of  
the Site –  
Co-Permittee

- |                                |   |
|--------------------------------|---|
| <input type="checkbox"/> ..... | <input type="checkbox"/> Government entity  |
| <input type="checkbox"/> ..... | <input type="checkbox"/> A person not liable pursuant to the Spill Act that purchased contaminated property before May 7, 2009        |
| <input type="checkbox"/> ..... | <input type="checkbox"/> A person that conducted remediation at their primary or secondary residence                                  |
| <input type="checkbox"/> ..... | <input type="checkbox"/> Owner or operator of a child care center   |
| <input type="checkbox"/> ..... | <input type="checkbox"/> Public school or private school  |
| <input type="checkbox"/> ..... | <input type="checkbox"/> Owner or operator of a small business responsible for conducting remediation at the location of the business |

If all of the entities identified in Section D or E are exempt, proceed to the next section.

3. Is the current owner of the site either a homeowner association or a condominium association pursuant to the New Jersey Common Interest Association Act, N.J.S.A. 46:8A-1 et seq.? ..... ☐ Yes ☒ No

If "Yes", and the association is identified in Section E of this RAP Application, an electronic copy of the association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site should be attached as indicated in Section F above.

4. Identify the estimated cost of the operation, maintenance, and monitoring of the engineering control(s) at the site: ..... \$ .....

5. Are you using an existing RFS mechanism for the site as the Financial Assurance? ..... ☒ Yes ☐ No

If "Yes", have all the following criteria been met? ..... ☒ Yes ☐ No

- The amount of funds needed to operate, maintain, and monitor the engineering control(s) at the site for the duration of the CEA or for 30 years (minimum of \$30,000 for a 30-year time frame) if the duration of the CEA is indeterminant;
- The amount of funds in the RFS equals the amount of funds required to be posted for RFS and Financial Assurance; and
- The RFS is not in the form of a self-guarantee.

Identify the full amount of the current RFS: ..... \$ 68,163.00

6. Identify the full amount established as a Financial Assurance: .....\$ 68,163.00

As indicated in Section F above, an electronic copy of the completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate should be attached. Also, please be sure to provide one of the following as indicated in Section F above: the *original* Financial Assurance mechanism (attach hard copy), including any Amendments, to the Ground Water RAP Application; the date the original Financial Assurance mechanism was submitted to the NJDEP; or an electronic copy of the existing RFS mechanism that is being used as the Financial Assurance and the amendment to conform to the Financial Assurance format.

7. What is the Financial Assurance Mechanism? (check all that apply)

☐ Remediation Trust Fund      ☐ Line of Credit      ☐ Surety Bond  
☐ Environmental Insurance Policy      ☒ Letter of Credit

8. Contact information at the financial institution for the Financial Assurance:

Financial Institution: Credit Agricole

First Name of Contact: Pik (Winnie)      Last Name of Contact: Hung

Title: Senior Associate

Phone Number: (212) 261-3324      Ext.:      Fax: (917) 849-5589

Mailing Address: 1301 Avenue of the Americas

Municipality: New York      State: New York      Zip Code: 10019

Email Address: \_\_\_\_\_

## SECTION I. LAND USE (for overlying CEA)

1. **Current Site Land Use** (check all that apply)

☒ Industrial      ☐ Park or Recreational Use      ☐ Child Care Facility  
☐ Residential      ☐ Agricultural      ☐ Hospital  
☐ Commercial      ☐ Road/Right of Way      ☒ Vacant  
☐ Governmental Facility      ☐ School      ☐ Other \_\_\_\_\_

2. **Off-site Land Use** (check all that apply for Blocks/Lots included in the areal extent of the CEA)

☒ Industrial      ☐ Park or Recreational Use      ☐ Child Care Facility  
☐ Residential      ☐ Agricultural      ☐ Hospital  
☐ Commercial      ☐ Road/Right of Way      ☒ Vacant  
☐ Governmental Facility      ☐ School      ☐ Other \_\_\_\_\_

## SECTION J. AFFECTED RECEPTOR SUMMARY

1. Are there any buildings with an Indeterminate Vapor Intrusion Pathway status? ..... ☐ Yes    ☒ No

If "Yes", provide the location in the RAR (Section # and Figure #)  
that documents this issue: \_\_\_\_\_

2. Is there soil gas contamination above the Soil Gas Screening Levels  
beneath any buildings that require long-term monitoring? ..... ☐ Yes    ☒ No

If "Yes", provide the location in the RAR (Section # and Figure #)  
that documents this issue: \_\_\_\_\_

As indicated in Section F above, an electronic copy of the Vapor Intrusion  
Long-Term Monitoring Plan should be attached.

3. Are any vapor intrusion engineering controls/mitigation systems currently installed at any buildings as a result of this ground water contamination? ..... ☐ Yes ☒ No

If "Yes", indicate the type of engineering control that was implemented: (check all that apply)

- ☐ Subsurface Depressurization System
- ☐ Subsurface Ventilation System
- ☐ Soil Vapor Extraction System
- ☐ HVAC Positive Pressure
- ☐ Other (specify): \_\_\_\_\_

As indicated in Section F above, an electronic copy of the OMM Plan for the vapor intrusion engineering control(s)/mitigation system(s) should be attached. The OMM Plan should clearly identify the building(s) and/or structure(s) and vapor intrusion engineering control(s)/mitigation system(s) that are in place (e.g., active or passive), including the address and block and lot of each impacted property.

4. Are any Point of Entry Treatment (POET) water systems currently installed at any buildings as a result of this ground water contamination? ..... ☐ Yes ☒ No

If "Yes", an electronic copy of the OMM Plan for the POET water system(s) should be attached as indicated in Section F above. The OMM Plan should provide the address and lot and block of each property with a POET water system in place. The sampling of the POET water system(s) should be included in the Ground Water Monitoring Plan for the site.

5. Are any potable wells that do not have a POET water system currently being sampled regularly as a result of this ground water contamination? ..... ☐ Yes ☒ No

If "Yes", include these potable wells in the Ground Water Monitoring Plan for the site.

## **SECTION K. OTHER INFORMATION PROVIDED**

List any other pertinent information to support the Initial Ground Water RAP Application

The Former Hess Corporation Port Reading Complex (HC-PR) (NJDEP PI# 006148) is subject to the requirements of ISRA (Case No. E20130449) and RCRA Corrective Action (EPA ID No. NJD045445483).

The New Jersey Department of Environmental Protection (NJDEP) Traditional Oversight Case Team approved the July 2019 Remedial Investigation/Remedial Action Report and the proposed remedial actions (institutional and engineering controls) for AOC-19 and AOC-90 in a letter dated November 22, 2019, which has been attached. On May 18, 2021, the Traditional Oversight Case Team and Hess Corporation had a conference meeting addressing comments regarding the draft Remedial Action Permit for Groundwater. All requested changes have been incorporated into this RAP application.

This CEA is being established to address low-level concentrations of benzene, arsenic, ammonia, and pH. Aluminum, iron, manganese, and sodium are also included in the CEA, as requested by the NJDEP case team. However, these compounds are not site-related and are commonly detected in groundwater in urban areas due to high impervious surface cover and reducing conditions.

Horizontal and vertical delineation is complete for benzene, arsenic, and ammonia. Vertical delineation has been assumed due to a review of the monitoring well logs which show a tight formation of red clay functioning as a confining layer observed at 12 feet below grade.

See attached for Well Construction Table.



**SECTION L. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION**

Full Legal Name of the Person Responsible for Conducting the Remediation:

Hess CorporationRepresentative First Name: JohnRepresentative Last Name: SchenkewitzTitle: Senior Advisor, EHSPhone Number: (609) 406-3969

Ext.: \_\_\_\_\_

Fax: (732) 352-7795Mailing Address: Trenton-Mercer Airport, 601 Jack Stephan WayCity/Town: West TrentonState: New JerseyZip Code: 08628Email Address: jschenkewitz@hess.com

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: Date: 8/20/21Name/Title: John Schenkewitz / Senior Advisor, EHS**SECTION M. CURRENT OWNER OF THE SITE INFORMATION AND CERTIFICATION**

Full Legal Name of the Person Responsible who owns the site:

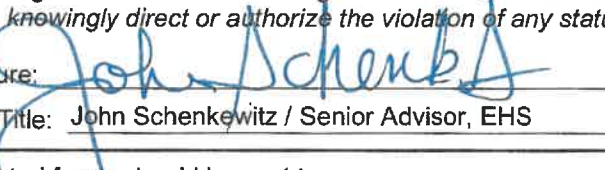
Amerada Hess CorporationRepresentative First Name: JohnRepresentative Last Name: SchenkewitzTitle: Senior Advisor, EHSPhone Number: (609) 406-3969

Ext.: \_\_\_\_\_

Fax: (732) 352-7795Mailing Address: 1900 Dalrock RoadCity/Town: RowlettState: TexasZip Code: 75088Email Address: jschenkewitz@hess.com

This certification shall be signed by the person who owns the site and is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: Date: 8/20/21Name/Title: John Schenkewitz / Senior Advisor, EHS

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice  
Site Remediation Program  
NJ Department of Environmental Protection  
401-05H  
PO Box 420  
Trenton, NJ 08625-0420

**SECTION N. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT**LSRP ID Number: 576297First Name: JohnLast Name: VirgiePhone Numbers: (732) 739-6444

Ext.: \_\_\_\_\_

Fax: (732) 739-0451Mailing Address: 1625 Highway 71Municipality: BelmarState: New JerseyZip Code: 07719Email Address: jvirgie@earthsys.net

This statement shall be signed by the LSRP who is submitting this notification in accordance with N.J.S.A. 58:10C-14, and N.J.S.A. 58:10B-1.3b(1) and (2).

(1) I certify, as a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C-1 et seq. to conduct business in New Jersey, that for the remediation described in this submission, and all attachments included in this submission, I personally: Managed, supervised, or performed the remediation conducted at this site that is described in this submission, and all attachments included in this submission; and/or periodically reviewed and evaluated the work performed by other persons that forms the basis for the information in this submission; and/or completed the work of another site remediation professional, licensed or not, after having: (1) reviewed all available documentation on which I relied; (2) conducted a site visit and observed the then-current conditions and verified the status of as much of the work as was reasonably observable; and (3) concluded, in the exercise of my independent professional judgment, that there was sufficient information upon which to complete any additional phase of remediation and prepare workplans and reports related thereto.

(2) I certify:

- That I have read this submission and all attachments to this submission;
- That in performing the professional services as the licensed site remediation professional for the entire site or each area of concern, I adhered to the professional conduct standards and requirements governing licensed site remediation professionals provided in N.J.S.A. 58:10C-16;
- That the remediation conducted at the entire site or each area of concern, that is described in this submission and all attachments to this submission, was conducted pursuant to and in compliance with the remediation requirements in N.J.S.A. 58:10C-14.c;
- That the remediation described in this submission, and all attachments to this submission, was conducted pursuant to and in compliance with the regulations of the Site Remediation Professional Licensing Board at N.J.A.C. 7:26I; and
- That the information contained in this submission and all attachments to this submission is true, accurate, and complete.

(3) I certify, when this submission includes a response action outcome, that the entire site or each area of concern has been remediated in compliance with all applicable statutes, rules, and regulations and is protective of public health and safety and the environment.

(4) I certify that no other person is authorized or able to use any password, encryption method, or electronic signature that the Board or the Department have provided to me.

(5) I certify that I understand and acknowledge that:

- If I knowingly make a false statement, representation, or certification in any document or information I submit to the Department I may be subject to civil and administrative enforcement pursuant to N.J.S.A. 58:10C-17.a.1(a) through (f) by the Board, including but not limited to license suspension, revocation, or denial of renewal; and
- If I purposely, knowingly, or recklessly make a false statement, representation, or certification in any application, form, record, document or other information submitted to the Department or required to be maintained pursuant to the Site Remediation Reform Act, I shall be guilty, upon conviction, of a crime of the third degree and shall, notwithstanding the provisions of subsection b. of N.J.S.2C:43-3, be subject to a fine of not less than \$5,000 nor more than \$75,000 per day of violation, or by imprisonment, or both.

(6) I certify that I have read this certification prior to signing, certifying, and making this submission.

LSRP Signature: \_\_\_\_\_

Date: \_\_\_\_\_

LSRP Name: John Virgie / LSRPCompany Name: Earth Systems, Inc.

## ADDENDUM A

### Additional Persons Responsible For Conducting Remediation

#### ADDENDUM TO SECTION D. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION – CO-PERMITTEE

Affiliation/Name of Organization: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

☐ Check box if the Additional Person Responsible for Conducting the Remediation has Primary Responsibility for Permit Compliance

1. Does the remedial action include a ground water or vapor intrusion engineering control? ..... ☐ Yes ☐ No

If "No", proceed to next section.

2. Are you exempt from establishing financial assurance pursuant to N.J.A.C. 7:26C-7.10(c)? ..... ☐ Yes ☐ No

If "Yes", check the exemption(s) that applies:

- ☐ Government entity
- ☐ A person not liable pursuant to the Spill Act that purchased contaminated property before May 7, 2009
- ☐ A person that conducted remediation at their primary or secondary residence
- ☐ Owner or operator of a child care center
- ☐ Public school or private school
- ☐ Owner or operator of a small business responsible for conducting remediation at the location of the business

3. Identify the estimated cost of the operation, maintenance, and monitoring of the engineering control(s) at the site: ..... \$ \_\_\_\_\_

4. Are you using an existing RFS mechanism for the site as the Financial Assurance? ..... ☐ Yes ☐ No

If "Yes", have all of the following criteria been met? ..... ☐ Yes ☐ No

- a. The amount of funds needed to operate, maintain, and monitor the engineering control(s) at the site for the duration of the CEA or for 30 years (minimum of \$30,000 for a 30-year time frame) if the duration of the CEA is indeterminant;
- b. The amount of funds in the RFS equals the amount of funds required to be posted for RFS and Financial Assurance; and
- c. The RFS is not in the form of a self-guarantee.

Identify the full amount of the current RFS ..... \$ \_\_\_\_\_

5. Identify the full amount established as a Financial Assurance: ..... \$ \_\_\_\_\_

As indicated in Section F above, an electronic copy of the completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate should be attached. Also, please be sure to provide one of the following as indicated in Section F above: attach the original Financial Assurance mechanism (hard copy), including any Amendments, to the Ground Water RAP Application; the date the original Financial Assurance mechanism was submitted to the NJDEP; or an electronic copy of the existing RFS mechanism that is being used as the Financial Assurance and the amendment to conform to the Financial Assurance format.

6. What is the Financial Assurance Mechanism? (check all that apply)

- ☐ Remediation Trust Fund
- ☐ Line of Credit
- ☐ Surety Bond
- ☐ Environmental Insurance Policy
- ☐ Letter of Credit

## ADDENDUM A

7. Contact information at the financial institution for the Financial Assurance:

Financial Institution: \_\_\_\_\_  
First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### ADDENDUM TO SECTION L. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: \_\_\_\_\_

Representative First Name: \_\_\_\_\_ Representative Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name/Title: \_\_\_\_\_

**ADDENDUM B**  
**Additional Property Owners**

**ADDENDUM TO SECTION E. CURRENT OWNER OF THE SITE – CO-PERMITTEE**

Affiliation/Name of Organization: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

☐ Check box if the owner has Primary Responsibility for Permit Compliance

1. Does the remedial action include a ground water or vapor intrusion engineering control? ..... ☐ Yes ☐ No

If "No", proceed to next section.

2. Are you exempt from establishing financial assurance pursuant to N.J.A.C. 7:26C-7.10(c)? ..... ☐ Yes ☐ No

If "Yes", check the exemption that applies, and then proceed to the next section:

- ☐ Government entity
- ☐ A person not liable pursuant to the Spill Act that purchased contaminated property before May 7, 2009
- ☐ A person that conducted remediation at their primary or secondary residence
- ☐ Owner or operator of a child care center
- ☐ Public school or private school
- ☐ Owner or operator of a small business responsible for conducting remediation at the location of the business

3. Do you represent a homeowner association or a condominium association pursuant to the New Jersey Common Interest Association Act, N.J.S.A. 46:8A-1 et seq.? ..... ☐ Yes ☐ No

If "Yes", an electronic copy of the association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site should be attached as indicated in Section F above.

4. Identify the estimated cost of the operation, maintenance, and monitoring of the engineering control(s) at the site: ..... \$ \_\_\_\_\_

5. Are you using an existing RFS mechanism for the site as the Financial Assurance? ..... ☐ Yes ☐ No

If "Yes", have all the following criteria been met? ..... ☐ Yes ☐ No

- a. The amount of funds needed to operate, maintain, and monitor the engineering control(s) at the site for the duration of the CEA or for 30 years (minimum of \$30,000 for a 30-year time frame) if the duration of the CEA is indeterminant;
- b. The amount of funds in the RFS equals the amount of funds required to be posted for RFS and Financial Assurance; and
- c. The RFS is not in the form of a self-guarantee.

Identify the full amount of the current RFS ..... \$ \_\_\_\_\_

6. Identify the full amount established as a Financial Assurance: ..... \$ \_\_\_\_\_

As indicated in Section F above, *an electronic copy of the completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate should be attached.* Also, please be sure to provide one of the following as indicated in Section F above: the *original* Financial Assurance mechanism (attach hard copy), including any Amendments, to the Ground Water RAP Application; the date the original Financial Assurance mechanism was submitted to the NJDEP; or an electronic copy of the existing RFS mechanism that is being used as the Financial Assurance and the amendment to conform to the Financial Assurance format.

## ADDENDUM B

7. What is the Financial Assurance Mechanism? (check all that apply)

- ☐ Remediation Trust Fund      ☐ Line of Credit      ☐ Surety Bond  
☐ Environmental Insurance Policy      ☐ Letter of Credit

8. Contact information at the financial institution for the Financial Assurance:

Financial Institution: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

### ADDENDUM TO SECTION M. CURRENT OWNER OF THE SITE INFORMATION AND CERTIFICATION

Full Legal Name of the Person who owns the site:

\_\_\_\_\_

Representative First Name: \_\_\_\_\_ Representative Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

This certification shall be signed by the person who owns the site and is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_

AOC-19: QC Laboratory  
Hess Corporation - Former Port Reading Complex (HC-PR)  
Well Construction Table

Well ID	Permit Number	Block	Lot	Latitude			Longitude			Northing	Easting	TOC Elevation (ft)	Groun d Elevati	Survey Date	Diameter (in)	Screen Length (ft)	Screen Interval (bgs, ft)	Screen Interval (TOC, ft)	Stick-Up Height (TOC - Ground Elev., ft)	Screen Type	Casing Length (ft)	Depth of Well (bgs, ft)	Depth of Well (TOC, ft)	Install Date	Permit Date
MW-1	E201607933	664.01	1.01	40	33	48.89	74	15	9.64	630306	560836	24.48	21.58	7/26/2016	2	10	6-16	6-16	2.9	.10 sch. 40 PVC	6	16	16	4/15/1985	4/9/1985
MW-2	E201607934	664.01	1.01	40	33	48.18	74	15	8.56	630234	560919	19.01	19.37	7/26/2016	2	12	1-13	1-13	Flush Mount	.10 sch. 40 PVC	1	13	13	7/5/2016	7/5/2016
MW-3	E201607935	664.01	1.01	40	33	47.57	74	15	8.94	630172	560890	18.91	19.28	7/26/2016	2	10	3-13	3-13	Flush Mount	.010 sch.40 PVC	3	15	18	12/22/2017	12/20/2017
MW-4	E201615028	664.01	1.01	40	33	48.48	74	15	9.09	630265	560879	24.07	21.22	1/16/2017	2	12	3-15	6-18	2.85	.010 sch.40 PVC	6	20	22	11/12/1981	11/10/1981
PER-6R	P200800554	664.01	1.01	40	33	49.87	74	15	9.19	630405.1	560870.2	21.54	19.94	12/9/2014	4	19	3-22	3-22	1.60	.010 sch.40 PVC	3	22	22.00	4/8/2002	3/20/2002

**Ground Water Monitoring Plan for Ground Water Remedial Action Permit** (version 1.0; May 17, 2012)

## INSTRUCTIONS

## RESET DATA

PRINT

<b>Case Name:</b>	AOC 19: QC Laboratory, Hess Corporation-
<b>Program Interest (PI) ID #:</b>	006148
<b>Spreadsheet Submission Date:</b>	

[illegible]



Sampling Schedule	Reporting Schedule
Monthly	Biennially  Other
Quarterly	
Semi-annually	
Yearly	
Biennially	
At expiration or for removal of CEA	
Other	

Well Type	Description
Area of Concern	Located within source area
Plume sampling point	Beyond source area, but within dissolved plume
Plume fringe	Downgradient delineated extent of dissolved plume
Sentinel	Pursuant to N.J.A.C. 7:26E-6.3(e)1i(4)